

Domestic Violence Workshop

Speakers and participants from the October 19th Domestic Violence Workshop gather after the training to discuss this important issue.

Sponsored by ICSEW for the second year, "Domestic Violence: Symptoms, Warning Signs and What to Do" featured a variety of speakers. Included were Norm Nickle, MSW, from Hoy and Nickle Associates; Catherine, a DV survivor; Chris Edin, Thurston County Sheriff's Office; Kathy Shore, a DV survivor and ICSEW Chair; Dee Koester, Survivors in Service; and Connie Sue Pinkley, Safeplace and SIS. Kathy reports that we received excellent evaluations from those in attendance, with requests to make this training available to agency managers and to duplicate the training in eastern Washington. The Education Committee raised \$8,000 from this event. For more feedback from the workshop, see participants' comments on Page 2.



Sleep Apnea: A Breathing Disorder

By ICSEW Health and Wellness Committee

Sleep is a basic necessity of life, as fundamental to our health and well-being as air, food and water. When we sleep well, we wake up feeling refreshed, alert, and ready to face the day. Approximately 30-40 million Americans, however, awaken with a morning headache, dry mouth, and excessive sleepiness during the waking hours because of sleep apnea, a breathing disorder characterized by

brief interruptions of breathing during sleep.

"Apnea" is a Greek word meaning "without breath." Doctors have identified three types of sleep apnea: central, obstructive and mixed. Central apnea, which is fairly uncommon, occurs when the brain fails to send the appropriate signals to the breathing muscles to initiate respirations. Obstructive sleep apnea is far more common and occurs when air cannot flow into or out of the person's nose or

mouth although efforts to breathe continue. Mixed apnea is a combination of the two.

Sleep apnea occurs in all age groups (including children) and both sexes, but is more common in men, especially those who snore loudly and are also overweight. The combination of snoring and a large collar size indicates an especially high likelihood of sleep apnea. Obstructive sleep may also be suspected in an obese person who has a receding chin. A recent study at the University of Wisconsin found that 4% of men and 2% of women, aged 30 to 60, have undiagnosed sleep apnea. In males over 65, the figure rises to 29%; for women, the number climbs to 24%.

Many times a person is unaware of the problem until a loved one reports periods when breathing stops during sleep for ten seconds or more at a time, occurring frequently during the night. In addition to daytime sleepiness people with sleep apnea may report impaired memory and concentration, increased blood pressure, poor judgment, depression, irritability, sexual dysfunction, personality change, even hallucinations and confusion.

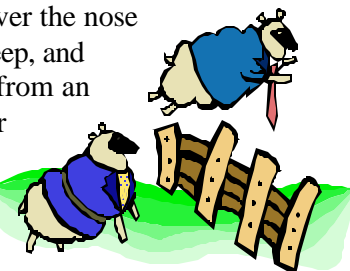
Early recognition and treatment of sleep apnea is important because it may be associated with irregular heartbeat, impotency, high blood pressure, heart attack and stroke. Moreover, untreated sleep apnea may be responsible for job impairment and motor vehicle accidents.

Not all snoring indicates a serious problem, but if you suspect sleep apnea you should seek prompt medical attention. Obstructive sleep apnea can be treated by behavior therapy (losing weight; avoiding alcohol, tobacco and sleeping pills or other sedating substances; using pillows and other devices to modify body position during sleep).

It can also be treated by physical or mechanic therapy such as nasal continuous positive airway pressure (CPAP), the most common effective treatment for sleep apnea. In this procedure, the person wears a mask over the nose during sleep, and pressure from an air blower forces air through the nasal passages.

Dental appliances that reposition the lower jaw and tongue have proven helpful in cases of mild sleep apnea. Medications have shown some effectiveness. But some patients with sleep apnea may need surgery, aimed at correcting or altering one or more of the factors contributing to airway closure or obstruction.

While the consequences of sleep apnea range from annoying to life-threatening, most persons with sleep apnea have a good prognosis if they follow the treatment plan recommended by their doctor.



The Story of George

(Editor's Note: This article was written by Carol Maher. At the time, Carol was working as a Respiratory Care Practitioner.)

George has sleep apnea. He stops breathing at night, which not only disturbs his sleep, but is also hard on his heart. Red blood cells increase to make up for the lack of oxygen. This increases oxygenation, but eventually causes the heart to work harder. The blood backs up in the lungs causing increased pressure and eventually enlarging the heart. After years of this the pump action of his heart becomes less efficient and eventually may fail.

Even in the early days of sleep apnea George had problems; his significant other did not want to sleep near him. Not in the same room, then on the same floor, finally not in the same house. Waking up George to have him sleep on his side no longer worked. It was loud! Occasionally family members would wake him up, because the snoring stopped, so did his breathing, it stopped for so long they thought he was dead!

At work, George was tired. He fell asleep at his desk, in meetings, during his evaluation. George did not get his promotion - people thought he was lazy, he could not get through the day without a nap.

George was a big man who rode a motorcycle and wore a heavy chain necklace and bracelet on the weekends. One weekend he fell asleep while on his bike. He was brought into the emergency room; that is when I met him. Treatment for sleep apnea can include losing weight or surgery to remove soft tissue blocking the airways, but these are not emergency procedures. The doctor wanted to try Continuous Positive Airway Pressure (CPAP).

George was huge. He looked like a biker, and the doctor was supposed to put a harness around the back of his head and attach it to a mask in four spots. This mask was then to be attached to a machine to produce positive pressure on inspiration and expiration. The pressure stops the soft tissue from relaxing during sleep. But how was I going to tell him to about the harness?

I told him the machine had a compressor. It was going to be noisy, but a lot of people consider it "white noise" and relax with it. Family members find it quieter and more relaxing than the snoring. "Now for the harness that fits on the back of your head - two straps fit below the ears and two above, the mask covers your nose and mouth. The air can be drying, but tomorrow you're likely to feel refreshed for a long time."

George looked sternly at me. "I have only one question. Do you have this harness in pink?"

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Comments from DV Training

(Editor's Note: Participants at the ICSEW sponsored DV training were asked: "Please give us a brief summary of what you learned from this training, and how can you use it in your daily life – both at home and at work." The following are the responses we received.)

DV is such a complex situation – it seems to significantly punish the victim more than the aggressor. And the implications are extraordinarily far reaching. Very good speakers. Very useful information.

I think this training should be mandatory for managers! Victims of DV need the support from them and not fear losing their jobs. Managers need to know what they can do to de-escalate the situation. This training is very valuable also in changing the stigma of DV and getting more education to, and involvement from, the public. (Ecology)

I learned that DV is based in sexism, power and control. As a male, I can role model appropriate attitudes toward women that reaffirm their equality and power. I can support my co-workers if they are struggling with DV at home. As a manager, I can advocate policy that supports employees who need time off for court and medical appointments. (Revenue)

I've learned the different terminology that a batterer uses, this would help me help somebody someday, somehow.

Helpful info. Red flags for batterers. The fact that violence escalates as the abuser feels loss of control. Info useful in daily life – where to direct people to get help – what resources are available. (ESD)

The flash backs are unpredictable, the pain is ongoing, and the healing is

life long. In order to heal, it is necessary to relive and talk to those that will really listen and try or can understand. (Rae Thompson – DOH)

The presentations by survivors was very informative and inspirational. But can we organize to change the legal battles faced by victims? Why is community property part of our state law when it serves to perpetrate the abuse? Give us a reasonable cause to organize around.

I walked away with so much insight! I now know the warning signs to look for and the profiles are very helpful. This was a really great training. Thanks. (Mary Roberts – DOH)

I have attended many of these workgroups, this was the most informative one that I have attended. The two testimonies were heart wrenching but very real. Some of us often think we imagine these abuses in our own lives, to know you're not alone is comforting. My first marriage ended in divorce with less trauma than I realized after listening to these women. The presentation by Chris Edin was very informative. I really

believe that there are groups available and options for these women that weren't in place years ago when I needed it. And I was raided that "your problems are your own – don't tell – deal with it." But you never realize, even after the fact, that the "cloud" still hangs over your whole family; especially the children. I thought the kids and I had survived, but we've all needed counseling after 25+ years and new, better relationships. It comes back to haunt you if you don't deal with it properly with professionals. (Margaret DeRusha OAH, Everett)

I was very pleased that Detective Edin actually brought out some of the ideas about helping co-workers. Help your co-workers and if you see someone dating someone that you know is bad, or you dated that person and had firsthand bad experiences, tell the other person so they know. Support co-workers who are harassed by any family member at work. Protect them and then if something ever happens to you, they will then protect you. Care for your co-workers as you would like to be cared for if you were in trouble.

Senate Passes DV Legislation

The U.S. Senate recently passed Violence Against Women Act (VAWA) legislation by a vote of 95 to 0. The House passed the same legislation by a vote of 371 to 1.

The bill more than doubles the amount of money authorized in the original Violence Against Women Act, providing \$3.3 billion over the next five years. Actual funding levels will be determined in annual appropriations bills.

The bill provides funds to train police officers, provide civil and legal services to victims, increase the availability of shelter services, address violence on campuses, and provide transitional housing.

The bill also addresses the needs of battered immigrant women and women with disabilities.

For more information, you can go to <http://congress.nw.dc.us/acog>

Letters to the Editor

I recently read the article by the anonymous author on her "living hell" in the InterAct newsletter and was so moved. I know this state is one of the worst for actually protecting women and children.

What can any of us do? Can you get a message to the author and let her know how much empathy and support there is for her cause? I felt so horrible for her. I know how tough it is to work for the state and have your supervisors not be supportive of domestic issues, be it violence or doctor's appointments, et cetera.

I feel very touched by this story.

Please let me know how, if at all, anyone can be of help. Do we need to lobby our Legislators? The judicial system is such an ugly monster!!!

Anonymous

I just finished reading the "Why Do Victims 'Go Back'?" in the September/October 2000 *InterAct*. I have never experienced domestic violence personally, but have viewed it from the outside as a concerned family member. This is the first time I've read an article describing domestic violence where I

truly feel I understand the victim's point of view.

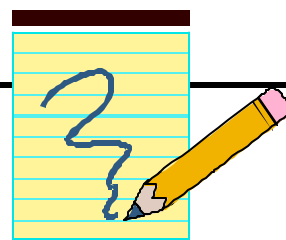
Please urge the writer to seek an attorney referral from the Thurston County Bar Association for assistance in her divorce and child custody proceedings. There may be a legal clinic, or a private practitioner who will offer a reduced fee or a minimal deposit. Especially with a vindictive soon-to-be ex spouse, she should be armed with all the legal resources she can. And, as a bankruptcy law practitioner, I can tell her she shouldn't rule bankruptcy out as a means to get back on her feet. It is not the death blow to credit that it used

to be, and especially in circumstances like these, can be explained to future creditors.

Thank you for including this thought-provoking article in the newsletter.

Melissa J. De Groff
Assistant Attorney General
Bankruptcy & Collections Unit

InterAct invites you to share your comments and concerns in our Letters to the Editor. You can send email to dlyn461@ecy.wa.gov



Calendar of Events

ICSEW General Membership Meeting	November 14
National Great American Smokeout	November 16
Thanksgiving	November 23 and 24
Winter Begins	December 21
Hanukkah	December 22 - 29
Christmas	December 25
Kwanzaa	December 26 - January 1, 2001
ICSEW Executive Board Meeting	December 12
New Year's Day	January 1, 2001
ICSEW General Membership Meeting	January 9, 2001

ICSEW Sponsors Clothing Drive for WorkFirst

Annykay Melendez (pictured below) from the Auditor's Office and ICSEW's Vice Chair spearheaded an ICSEW sponsored clothing drive for the DSHS/Employment Security WorkFirst program. Collections were accepted at the Domestic Violence Workshop in October and ICSEW agency representatives brought donations to the Novem-

ber general membership meeting.

Clothing will be given to customers who are returning to work or entering the work force for the first time. The average WorkFirst customer is about 30 years old, a single parent with two children. About 15% of the participants are men. They have worked in some entry-level jobs and/or

for "tips" or in the grey economy. The Temporary Assistance Grant is \$546 a month for her family of three. Food Assistance amounts to about \$200 a month (several things are factored in, including rent). The children receive health care coverage through Medical Assistance.

When a customer enters WorkFirst, she/he is screened to see whether they are ready to go to Job Search. If they are ready, they start with a full-time, one week Job Search

Workshop, then actively search for work for up to 11 weeks.

WorkFirst covers childcare costs and out of pocket expenses while participating in Job Search. This usually includes one job interview outfit (depending on what she already has). "Clothes closets" are maintained at many Job Search Workshop sites and the customer is encouraged to supplement the clothing she/he already has from the "clothes closets."



KIDTIME Info Available Soon

The ICSEW Childcare Task Force has developed an overview presentation on KIDTIME, which is the before and after school childcare program at Tumwater Hill Elementary that was launched in September, 2000. The presentation, which is in PowerPoint, will be made available by request in December, 2000. Please contact Maryann Connell at (360) 902-2050 if you are interested in viewing it or obtaining an electronic copy.

The Childcare Task Force also has distributed Childcare Surveys to state employees. The information collected will be used to focus the efforts of the Task Force and make recommendations to the Governor. If you haven't filled out a survey, please go to <http://www.wa.gov/icsew/issues/ccSurvey.PDF> to obtain a printable version, or call Maryann Connell at (360) 902-2050, and request that the Childcare Survey be sent to you. Surveys will be accepted through December 29, 2000.

How to Use Computers 4 Kids

The Department of Ecology now sends 90% of their used computers to the Department of Corrections for recycling to "Computers 4 Kids." This is a complete reversal of last year when only 10% were good enough to go to the schools.

But recycling is complete only when schools actually order the computers from Computers 4 Kids (out of Spokane). Their warehouse is pretty full.

Some districts don't understand that they can work with the group to refurbish the computers to be compatible with their existing school systems.

This is important so that the schools can actually use and support the recycled equipment. Check with your school district to see if they know about this.

Interested schools need to complete and submit a brief survey (located at www.c4kids.org/ComputerRequest.DOC) to apply to receive surplus computers. Based upon the data submitted, OSPI establishes a priority list of school buildings to guide the distribution of standards-based computers.

For more information about Computer 4 Kids, visit their web site at www.c4kids.org/

The 18 Most Common

Self-Defeating Behaviors in Business

1. Procrastinating: If you're always late on completing things, people stop relying on you; soon they start resenting you.

2. Getting involved with the wrong people: Yes, there are bad people in the world. If you keep giving them the benefit of the doubt, you'll be the one who has to clean up the mess.

3. Saying yes when you want to say no: It will result in burnout, loss of credibility, and loss of respect from others and yourself.

4. Assuming others don't want anything in return: It is human nature to almost always want something in return, even when people say they don't. Thinking ahead about what that might be can save you problems when others try to collect.

5. Playing it safe: The world is in a rapid state of change. Doing the same old thing over and over and expecting it to be good enough may turn out not to be so safe after all.

6. Always having to be right: Know-it-alls who don't know what

they're talking about are jerks, whereas know-it-alls who do know what they're talking about are merely asses. Always having to be right can create so much resentment that you'd better always be right, because you're building a constituency of people who can't wait to see you fall on your face.

7. Focusing on what others are doing wrong: This is a demotivating habit. Focusing on what the other person is not doing makes it difficult for you to keep trying hard.

8. Not learning from your mistakes: Successful people don't make fewer mistakes than unsuccessful people, but they repeat fewer mistakes.

9. Talking when nobody's listening: This leads you to think that what you have said is going to be done, when in fact it's not. To make matters worse, you have to repeat the entire process. And this time you're going to be angry.

10. Taking things too personally: When people take criticism too personally, instead of seeing that it is

about fixing a problem, the problem becomes larger and takes longer to fix.

11. Having unrealistic expectations: When you confuse what is reasonable with what is realistic (it's reasonable to want to re-engineer your business; it's not realistic to do it all at once), you set yourself up to fail.

12. Trying to take care of everybody: You can't take care of everybody and do a decent job. In attempting to take care of everyone, nobody, including yourself, will be satisfied.

13. Refusing to "play games": Politics, schmoozing, and small talk are all necessary in order to succeed.

14. Being envious of others: Teamwork is ruined when team members envy each other to the extent that they root against each other.

15. Quitting too soon: You have more control over trying or quitting than over success or failure. If you always quit, you'll never succeed; if you always try, you'll eventually succeed.

16. Letting fear run your life:

You were bad at science and math.

The Internet is coming whether you like it or not. If you let fear run your life, it just might run you out of your job.

17. Not moving on after a loss: When you spend more time NOT cutting your losses than you do moving ahead, you can't move ahead.

18. Not asking for what you need: What's important to you is not necessarily important to others. If you don't ask for what you need - whether it's something to help you do your job, or a promotion - you're leaving it to other people's imaginations. If you think your well being is a high priority to them, you have a good imagination.

From *Get Out of Your Own Way: Overcoming Self-Defeating Behavior* by Mark Goulston, M.D. and Philip Goldberg; Perigee/Berkley Books. Dr. Mark Goulston is the LifeSkills expert at <http://www.lifescape.com> and UCLA psychiatrist. His email address is dr.mark@lifescape.com.



A Personal Story for the Holidays

By Carol Maher

Christmas decorations, pointsettias - candies and goodies abound. A staff person in this hospital could gain more than just an appreciation for their job during the holidays. I found myself once again working 12 hours on Christmas Day. The intensive care unit was full; anyone that could possibly go home was gone. Only people who were very ill remained hospitalized.

Sandra had been in the unit over a month. Her lungs were not working; smoking and cancer had taken their toll.

Her heart was failing. She was on a ventilator and being given massive amounts of diuretics. Her kidneys had stopped working. She had a pace maker. She was tired, in pain and 78 years old.

On Christmas Eve she got the message across to her family: she was going to take the doctor's suggestion and stop treatment. She was going to have them stop the ventilator on Christmas Day. The family understood; the doctor had told them that she had virtually no chance of getting off the

ventilator. She was not a candidate for open heart surgery, since the cancer was inoperable.

On Christmas Day all 14 of her children and 22 of her grandchildren came to say good-bye. She had been raised on a reservation close to the hospital and all her relatives lived close by. Everyone came to visit, two to four people at a time, to say good-bye,

About three in the afternoon, all the visitors left except for Sandra's children. As the 14 said good-bye, she

asked them to sing. They harmonized beautifully as they sang Christmas carols for 30 minutes or so. Sandra had her eyes closed; she was smiling and more relaxed than I had ever seen her. She nodded that it was time; she was ready. The ventilator was turned off. The tube going through her mouth and into her lungs was removed. She kissed each one of her children, listened to part of one song and was gone. A thoughtful, beautiful end to a beautiful day.

Mark Your Calendars . . .

ICSEW Biennial Training Conference
June 4, 5 and 6, 2001
Yakima, WA

Celebrate the Past...



How We Can Learn From Depression

(Editor's Note: The following article was written by Lou Tice. Founder of The Pacific Institute, Tice is an internationally renown speaker dealing with topics that relate to personal and professional development.)

Everything in life can be used to learn and grow from, even so-called negative things like depression. No one seeks out painful experiences just because they want to be a better person. But the fact is, even difficult times have a bright side that can be used to learn and grow from.

Depression is one example. As Dr. David Viscott points out in his book, "Emotionally Free," depression can be a clear sign that you can't afford to ignore the yearnings of your heart any longer. You wouldn't be depressed unless something is going on that is very important to you - usually a loss of some kind - so even though you may not like it, you have a special opportunity telling you to pay attention and make some changes.

If you are feeling depressed, ask yourself, "What did I lose, and how was it important?" Then ask, "What could I have done to change things?" Don't waste time blaming yourself - just see how you neglected to take responsibility for your actions or feelings.

Look at how you may have allowed your feelings to build up over time. If you sold out to something that doesn't make you happy, you need to look more closely at that and begin to imagine exactly what your life would look like if you felt really fulfilled.

You see, if you can look at your depression as a time of mental housecleaning, and if you can remember the strengths that have pulled you through tough times in the past, you may emerge better equipped to create a good life for yourself and to value it more.

Diabetes Awareness Month

How to Stay Healthy

(Editor's Note: The following information is from the American Diabetes Association's website. For more information you can visit <http://www.diabetes.org>)

Each November, the American Diabetes Association conducts the American Diabetes Month program for people with diabetes. The program's goal is to increase awareness that annual dilated eye exams, routine foot exams, and good blood glucose and blood pressure control can prevent serious complications of diabetes.

Diabetes causes your blood sugar level to be too high. Over time, high blood sugar levels can harm your nerves, eyes, kidneys, and heart and blood vessels. It can cause you to go blind, suffer from kidney failure, or lose a foot or toe. Diabetes also can lead to gum disease.

The good news is that there is a lot you can do to stay healthy. Research shows that if you keep your blood sugar under good control, you may prevent or delay other serious health problems.

Work with your health care team to establish a diabetes plan that suits your life style. You can start by following these easy steps:

- Keep your blood sugar level well controlled.
- Eat a wide variety of foods each day. Choose low-fat foods that are high in fiber, such as fruits, vegetables, grains, and beans.
- Pick your favorite way to exercise and do it 3-4 times a week. Check with your doctor before you begin any exercise program.
- Brush your teeth twice a day, floss daily, and see your dentist two times a year.
- Keep your blood pressure in control and lower your blood cholesterol if it is over 200 mg/dL.
- Don't Smoke.
- Take care of your eyes and feet.

Here are some statistics from Washington State:

FACT: 144,295 adults in Washington, 3.5% of the adult population, has diagnosed diabetes.

FACT: An additional 1,403,884 persons in Washington are at increased risk of developing diabetes.

FACT: The direct and indirect costs of diabetes in Washington totals about \$1.9 billion each year.

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